

## Section 5 — TOPICAL MODULES

### Part A — ANNUAL INCOME AND RETIREMENT ACCOUNTS

#### STATEMENT C

The purpose of this part of our interview is to get the most accurate picture possible of the situation of persons and families during calendar year 1991. It would be very helpful to refer to records during this part of the interview.

<b>CHECK ITEM T1</b>	Are the names of any businesses listed for . . . on the control card? (cc item 43)	8000	1 <input type="checkbox"/> Yes — SKIP to 1b 2 <input type="checkbox"/> No
<b>CHECK ITEM T2</b>	Was an interview obtained for . . . for each of the 1st, 2nd, 3rd, AND 4th waves (cc items 44, 45, 46, and 47)?	8002	1 <input type="checkbox"/> Yes — SKIP to Statement D, page 57 2 <input type="checkbox"/> No
<b>1a.</b>	Did . . . own and operate a business at any time during calendar year 1991? <i>Include farms.</i>	8004	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Statement D, page 57
<b>b.</b>	How many different businesses did . . . own and operate during calendar year 1991?  <i>ASK OR VERIFY —</i>	8006	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">Businesses</div> </div> OR x3 <input type="checkbox"/> None — SKIP to Statement D, page 57
<b>c.</b>	What were the names of the businesses that . . . owned and operated during calendar year 1991? (List up to 2 businesses; list according to net income from business beginning with the business providing the largest net income.)	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> PGM3 8008 Business name _____ _____ _____ </div> <div style="width: 45%;"> PGM3 8058 Business name _____ _____ _____ </div> </div>	
<b>CHECK ITEM T3</b>	Transcribe ID number for this business from the control card (cc item 43). (Fill items T3—T9 for the first business listed, then fill items T3—T9 if a second business is listed.)	PGM7 8010 <input type="checkbox"/> Business ID No. OR x3 <input type="checkbox"/> Not listed on control card	PGM7 8060 <input type="checkbox"/> Business ID No. OR x3 <input type="checkbox"/> Not listed on control card
<b>CHECK ITEM T4</b>	Has information about this business already been obtained in an interview for another household member?	8012	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 2a
<b>FIELD REPRESENTATIVE INSTRUCTION:</b>  Enter name, person number, and business ID number of the other owner who previously reported the business to indicate the location of the information about this business.		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Name _____   Person number 8014 <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div>  Business ID number 8016 <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div>  OR  x3 <input type="checkbox"/> Not listed on control card </div> <div style="width: 45%; text-align: center;"> } SKIP to Check Item T9, page 56 </div> </div>	
<b>2a.</b> What was the form of this (business/practice) — was it a sole proprietorship, a partnership, or a corporation?  <i>ASK OR VERIFY —</i>		8018 1 <input type="checkbox"/> Sole proprietorship 2 <input type="checkbox"/> Partnership 3 <input type="checkbox"/> Corporation x1 <input type="checkbox"/> DK	
<b>b.</b> Was this business primarily located in . . . 's own home or somewhere else?		8020 1 <input type="checkbox"/> Own home 2 <input type="checkbox"/> Somewhere else	

TOPICAL MODULES

# Section 5 — TOPICAL MODULES (Continued)

## Part A — ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

<b>CHECK ITEM T 5</b> Is "sole proprietorship" marked in item 2a?	<b>8104</b> 1 <input type="checkbox"/> Yes — SKIP to 2h 2 <input type="checkbox"/> No	<b>8154</b> 1 <input type="checkbox"/> Yes — SKIP to 2h 2 <input type="checkbox"/> No
<b>2c.</b> Were any other members of this household part owners of this (business/practice)?	<b>8106</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 2g x1 <input type="checkbox"/> DK	<b>8156</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 2g x1 <input type="checkbox"/> DK
<b>d.</b> Which other household members were owners?	<b>8108</b> Person No. <input type="text"/> Name <input type="text"/>	<b>8158</b> Person No. <input type="text"/> Name <input type="text"/>
	<b>8110</b> Person No. <input type="text"/> Name <input type="text"/>	<b>8160</b> Person No. <input type="text"/> Name <input type="text"/>
<b>e.</b> Was this (business/practice) owned entirely by members of this household?	<b>8112</b> 1 <input type="checkbox"/> Yes — SKIP to 2g 2 <input type="checkbox"/> No	<b>8162</b> 1 <input type="checkbox"/> Yes — SKIP to 2g 2 <input type="checkbox"/> No
<b>f.</b> What percentage of this (business/practice) was owned by members of this household?	<b>8114</b> <input type="text"/> <input type="text"/> Percent OR x1 <input type="checkbox"/> DK	<b>8164</b> <input type="text"/> <input type="text"/> Percent OR x1 <input type="checkbox"/> DK
<b>g.</b> What percentage of this (business/practice) did ... own in ...'s own name?	<b>8116</b> <input type="text"/> <input type="text"/> Percent OR x1 <input type="checkbox"/> DK	<b>8166</b> <input type="text"/> <input type="text"/> Percent OR x1 <input type="checkbox"/> DK
<b>h.</b> What were the gross RECEIPTS of this (business/practice) in 1991? Please use records if they are available. ★  Obtain estimate, if necessary.	<b>8118</b> \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>8168</b> \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>i.</b> What were the total EXPENSES of this (business/practice) in 1991? Please use records if they are available. ★  Obtain estimate, if necessary.	<b>8120</b> \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>8170</b> \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM T 6</b> Is "DK" marked in either item 2h or 2i?	<b>8122</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T 7	<b>8172</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T 7
<b>2j.</b> If I were to call back later could you provide me with an estimate of (receipts/expenses)? (This information is especially important for this survey.)	<b>8124</b> 1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Items 11a and/or 11b 2 <input type="checkbox"/> No	<b>8174</b> 1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Items 11a and/or 11b 2 <input type="checkbox"/> No
<b>CHECK ITEM T 7</b> Is "sole proprietorship" marked in item 2a?	<b>8126</b> 1 <input type="checkbox"/> Yes — SKIP to Check Item T 9 2 <input type="checkbox"/> No	<b>8176</b> 1 <input type="checkbox"/> Yes — SKIP to Check Item T 10 2 <input type="checkbox"/> No

# Section 5 — TOPICAL MODULES (Continued)

## Part A — ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

<p><b>2k.</b> What was ...'s net income from this (business/practice) in 1991? Please use records if they are available.</p> <p style="text-align: right;">★</p> <p>Obtain estimate, if necessary.</p>	<p>8202 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x2 <input type="checkbox"/> Ref.</p> <p>x1 <input type="checkbox"/> DK</p> <p>8204 x4 <input type="checkbox"/> Lost money — Enter amount of loss in box — SKIP to Check Item T8</p>	<p>8252 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x2 <input type="checkbox"/> Ref.</p> <p>x1 <input type="checkbox"/> DK</p> <p>8254 x4 <input type="checkbox"/> Lost money — Enter amount of loss in box — SKIP to Check Item T8</p>
<p><b>l.</b> If I were to call back later could you provide me with an estimate? (This information is especially important for the purposes of this survey.)</p>	<p>8206 1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 12</p> <p>2 <input type="checkbox"/> No</p>	<p>8256 1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 12</p> <p>2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM T8</b> Refer to item 2d. Were any other household members part owners of this business?</p>	<p>8208 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — SKIP to Check Item T9</p>	<p>8258 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — SKIP to Check Item T10</p>
<p><b>2m.</b> Apart from the net income already reported for ..., did (Read names of other household owners) receive any net income in 1991 from this (business/practice)?</p>	<p>8210 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } SKIP to Check Item T9</p>	<p>8260 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } SKIP to Check Item T10</p>
<p><b>n.</b> What was the amount of net income that was received by (Read names of other household owners)?</p> <p>Obtain estimate, if necessary.</p>	<p>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8212 \$ <input type="text"/> . <input type="text"/> 00</p> <p>8214 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p> <p>8216 x4 <input type="checkbox"/> Lost money — Enter amount of loss in box</p> <p>SECOND CO-OWNER</p> <p>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8218 \$ <input type="text"/> . <input type="text"/> 00</p> <p>8220 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p> <p>8222 x4 <input type="checkbox"/> Lost money — Enter amount of loss in box</p>	<p>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8262 \$ <input type="text"/> . <input type="text"/> 00</p> <p>8264 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p> <p>8266 x4 <input type="checkbox"/> Lost money — Enter amount of loss in box</p> <p>SECOND CO-OWNER</p> <p>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8268 \$ <input type="text"/> . <input type="text"/> 00</p> <p>8270 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p> <p>8272 x4 <input type="checkbox"/> Lost money — Enter amount of loss in box</p>
<p><b>CHECK ITEM T9</b> Is another business listed in item 1c?</p>	<p>8274 1 <input type="checkbox"/> Yes — Complete Check Item T3 for next business</p> <p>2 <input type="checkbox"/> No — SKIP to Statement D</p>	<p>Go to Check Item T10</p>
<p><b>CHECK ITEM T10</b> Is the number of businesses recorded in item 1b three or more?</p>	<p>8276 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — SKIP to Statement D</p>	
<p><b>3.</b> What was ...'s net income from ...'s other businesses in 1991? Please use records if they are available.</p>	<p>8278 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p> <p>8280 x4 <input type="checkbox"/> Lost money — Enter amount of loss in box</p>	

NOTES



# Section 5 — TOPICAL MODULES (Continued)

## Part A — ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

### STATEMENT D

The next few questions are about personal retirement plans.

**4a. Does ... have an Individual Retirement Account — an IRA — in ...'s OWN name?**  
If ... is only included in ...'s (husband's/wife's) IRA accounts, mark the "No" box.

**9330** 1 ☐ Yes  
2 ☐ No } SKIP to 4h  
x1 ☐ DK

**b. Did ... make any tax-deductible contributions to IRA accounts which applied to ...'s 1991 tax return?**  
(Contributions which were deducted from gross income.)

**9332** 1 ☐ Yes  
2 ☐ No } SKIP to 4d  
x1 ☐ DK

**c. How much were ...'s tax-deductible contributions to IRA accounts which applied to ...'s 1991 tax return?**  
(Form 1040, line 24a)  
(Form 1040A, line 15a)

**9334** \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

**d. Did ... make any withdrawals from ...'s IRA accounts during 1991?**  
Mark "No" if funds were "rolled over" within 60 days of the withdrawal.

**9336** 1 ☐ Yes  
2 ☐ No } SKIP to 4f  
x1 ☐ DK

**e. How much did ... withdraw from IRA accounts during 1991?**

**9338** \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

**f. Including ALL IRA accounts in ...'s OWN name, how much did ...'s IRA accounts earn during 1991?**

**9340** \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

**g. What types of assets did ... have in ...'s IRA accounts during 1991?**  
Mark (X) all that apply.  
Anything else?

**9342** 1 ☐ Certificates of deposit or other savings certificates  
**9344** 2 ☐ Money Market Funds  
**9346** 3 ☐ U.S. Government Securities  
**9348** 4 ☐ Municipal or Corporate Bonds  
**9350** 5 ☐ U.S. Savings Bonds  
**9352** 6 ☐ Stocks or Mutual Fund Shares  
**9354** 7 ☐ Other assets — Specify   
**9356** x1 ☐ DK

**h. Does ... have a Keogh account in ...'s OWN name?**

**9358** 1 ☐ Yes  
2 ☐ No } SKIP to Check Item T11  
x1 ☐ DK

**i. Did ... make any tax-deductible contributions to a Keogh account which applied to ...'s 1991 tax return?**

**9360** 1 ☐ Yes  
2 ☐ No } SKIP to 4k  
x1 ☐ DK

**j. How much were ...'s tax-deductible contributions to Keogh accounts which applied to ...'s 1991 tax return?**  
(Form 1040, line 27)

**9362** \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

**k. Did ... make any withdrawals from ...'s Keogh accounts during 1991?**

**9364** 1 ☐ Yes  
2 ☐ No } SKIP to 4m  
x1 ☐ DK

## Section 5 — TOPICAL MODULES (Continued)

### Part A — ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

**4l.** How much did . . . withdraw from Keogh accounts during 1991?

**9366** \$  .  00

x1 ☐ DK

x2 ☐ Ref.

**m.** Including ALL Keogh accounts in . . . 's OWN name, how much did . . . 's Keogh accounts earn during 1991?

**9368** \$  .  00

x1 ☐ DK

x2 ☐ Ref.

**n.** What types of assets did . . . have in . . . 's Keogh accounts during 1991?

Mark (X) all that apply.

Anything else?

- 9370** 1 ☐ Certificates of deposit or other savings certificates
- 9372** 2 ☐ Money Market Funds
- 9374** 3 ☐ U.S. Government Securities
- 9376** 4 ☐ Municipal or Corporate Bonds
- 9378** 5 ☐ U.S. Savings Bonds
- 9380** 6 ☐ Stocks or Mutual Fund Shares
- 9382** 7 ☐ Other assets — Specify

**9384** x1 ☐ DK

**CHECK  
ITEM T11**

Refer to cc item 42.

Are the names of any employers listed for . . . on the control card?

- 9385** 1 ☐ Yes
- 2 ☐ No — SKIP to Check Item T12

**4o.** During 1991, did . . . participate in an employee thrift plan such as a 401k plan? Such a plan allows employees to defer part of their salary and not have to pay taxes on their deferred salary until they retire or make a withdrawal.

- 9386** 1 ☐ Yes
- 2 ☐ No } SKIP to Check Item T12
- x1 ☐ DK }

**p.** How much did . . . contribute to this plan during 1991?

**9388** \$  .  00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

NOTES

# Section 5 — TOPICAL MODULES (Continued)

## Part B — TAXES

<b>CHECK ITEM T12</b>	Has tax information for . . . already been obtained in an interview for a spouse with whom . . . filed a joint return?	<b>9390</b> 1 <input type="checkbox"/> Yes — SKIP to Check Item T19, page 61 2 <input type="checkbox"/> No														
<b>1a.</b>	<b>Did . . . file a Federal income tax return for 1991?</b> <i>Mark "Yes" if . . . filed alone or jointly.</i>	<b>9392</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T19, page 61														
<b>b.</b>	<b>Do you have a copy of the tax form or a worksheet that you could refer to for the next few questions?</b>	<b>9394</b> 1 <input type="checkbox"/> Yes — Allow person time to get form 2 <input type="checkbox"/> No														
<b>2.</b>	<b>What was . . . 's filing status on . . . 's 1991 Federal tax return? Did . . . file as —</b> <i>Read categories — Mark (X) one.</i>	<b>9396</b> 1 <input type="checkbox"/> A single taxpayer? 2 <input type="checkbox"/> Married, filing a joint return? 3 <input type="checkbox"/> Married, filing separately? 4 <input type="checkbox"/> Unmarried head of household? 5 <input type="checkbox"/> Qualifying widow(er) with dependent child? x1 <input type="checkbox"/> DK														
<b>3a.</b>	<b>What were the total number of exemptions claimed on . . . 's tax return?</b>	<b>9398</b> <input type="text"/> Exemptions — If "01" SKIP to 4 x1 <input type="checkbox"/> DK														
<b>CHECK ITEM T13</b>	<i>Refer to cc item 20.</i> Number of current household members.	<b>9400</b> 1 <input type="checkbox"/> One — SKIP to 3c 2 <input type="checkbox"/> Two or more														
<b>3b.</b>	<b>Besides . . . which persons in this household did . . . claim as an exemption?</b>	<table border="1"> <thead> <tr> <th>Person No.</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td><b>9402</b> <input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>9404</b> <input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>9406</b> <input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>9408</b> <input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>9410</b> <input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>9412</b> 1 <input type="checkbox"/> None in household</td> <td></td> </tr> </tbody> </table>	Person No.	Name	<b>9402</b> <input type="text"/>	<input type="text"/>	<b>9404</b> <input type="text"/>	<input type="text"/>	<b>9406</b> <input type="text"/>	<input type="text"/>	<b>9408</b> <input type="text"/>	<input type="text"/>	<b>9410</b> <input type="text"/>	<input type="text"/>	<b>9412</b> 1 <input type="checkbox"/> None in household	
Person No.	Name															
<b>9402</b> <input type="text"/>	<input type="text"/>															
<b>9404</b> <input type="text"/>	<input type="text"/>															
<b>9406</b> <input type="text"/>	<input type="text"/>															
<b>9408</b> <input type="text"/>	<input type="text"/>															
<b>9410</b> <input type="text"/>	<input type="text"/>															
<b>9412</b> 1 <input type="checkbox"/> None in household																
	<b>ASK OR VERIFY —</b> <b>C. Did . . . claim exemptions for any persons who lived outside of . . . 's home for the entire year?</b>	<b>9414</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4														
<b>d.</b>	<b>What was the relationship of this (these) person(s) to . . . ?</b> <i>Record for two persons only.</i>	<table border="1"> <thead> <tr> <th>FIRST DEPENDENT</th> <th>SECOND DEPENDENT</th> </tr> </thead> <tbody> <tr> <td><b>9416</b> 1 <input type="checkbox"/> Parent</td> <td><b>9418</b> 1 <input type="checkbox"/> Parent</td> </tr> <tr> <td>2 <input type="checkbox"/> Child</td> <td>2 <input type="checkbox"/> Child</td> </tr> <tr> <td>3 <input type="checkbox"/> Brother/sister</td> <td>3 <input type="checkbox"/> Brother/sister</td> </tr> <tr> <td>4 <input type="checkbox"/> Other</td> <td>4 <input type="checkbox"/> Other</td> </tr> </tbody> </table>	FIRST DEPENDENT	SECOND DEPENDENT	<b>9416</b> 1 <input type="checkbox"/> Parent	<b>9418</b> 1 <input type="checkbox"/> Parent	2 <input type="checkbox"/> Child	2 <input type="checkbox"/> Child	3 <input type="checkbox"/> Brother/sister	3 <input type="checkbox"/> Brother/sister	4 <input type="checkbox"/> Other	4 <input type="checkbox"/> Other				
FIRST DEPENDENT	SECOND DEPENDENT															
<b>9416</b> 1 <input type="checkbox"/> Parent	<b>9418</b> 1 <input type="checkbox"/> Parent															
2 <input type="checkbox"/> Child	2 <input type="checkbox"/> Child															
3 <input type="checkbox"/> Brother/sister	3 <input type="checkbox"/> Brother/sister															
4 <input type="checkbox"/> Other	4 <input type="checkbox"/> Other															
<b>4.</b>	<b>Did . . . file form 1040, the long form or did . . . file one of the short forms, 1040A or 1040EZ?</b> (Form 1040 is blue) (Form 1040A is pink) (Form 1040EZ is green)	<b>9420</b> 1 <input type="checkbox"/> Form 1040 2 <input type="checkbox"/> Form 1040A 3 <input type="checkbox"/> Form 1040EZ x1 <input type="checkbox"/> DK <div style="float: right;">} SKIP to Check Item T14</div>														
<b>5.</b>	<b>I am going to mention two forms that people are sometimes required to attach to their tax return. Please tell me if these were included with . . . 's 1991 tax return.</b>	<b>9422</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK														
	<b>(1) Schedule A, Itemized Deductions . . . . .</b>	<b>9424</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK														
	<b>(2) Schedule D, Capital Gains and Losses . . . . .</b>	<b>9424</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK														



# Section 5 — TOPICAL MODULES (Continued)

## Part B — TAXES (Continued)

<b>CHECK ITEM T14</b>	Refer to item 1b. Does the respondent have a copy of ...'s Federal income tax form or a worksheet to refer to?	<b>9428</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 9a
<b>CHECK ITEM T15</b>	Refer to item 4. Is "Form 1040" marked?	<b>9430</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 8a
<b>CHECK ITEM T16</b>	Is "Schedule A, Itemized Deductions" marked "Yes" in item 5(1)?	<b>9432</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 6b
<b>6a. How much were ...'s (and ...'s husband's/wife's) itemized deductions for 1991?</b> (Schedule A, line 26)		<b>9434</b>	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to Check Item T17
<b>b. On ...'s Form 1040, did ... (and ...'s husband/wife) claim —</b>		<b>6c. What was the amount of the (Read name of credit) claimed?</b>	
<b>(1) A child and dependent care expense credit . . .</b> (Form 1040, line 41)		<b>9446</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>(2) A credit for the elderly or the disabled . . . . .</b> (Form 1040, line 42)		<b>9450</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
		<b>9448</b>	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		<b>9452</b>	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM T17</b>	Refer to item 5(2). Is "Schedule D, Capital Gains and Losses" marked "Yes"?	<b>9458</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 8a
<b>7. How much were ...'s (and ...'s husband's/wife's) capital gains or losses from the sale or exchange of personal assets for 1991?</b> (Form 1040, line 13)		<b>9460</b>	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <b>9461</b> x4 <input type="checkbox"/> Lost money — Enter amount of loss in box
<b>8a. Adjusted gross income is total income less certain types of adjustments and exclusions. Please look at your tax return or worksheet. What was ...'s (and ...'s husband's/wife's) adjusted gross income in 1991?</b> (Form 1040, line 31) (Form 1040A, line 16) (Form 1040EZ, line 3)		<b>9462</b>	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <b>9463</b> x4 <input type="checkbox"/> Lost money — Enter amount of loss in box
<b>b. Federal income tax liability is the total tax as determined by the tax table or schedule plus or minus certain adjustments. What was ...'s (and ...'s husband's/wife's) net tax liability in 1991?</b> (Form 1040, line 53) (Form 1040A, line 27) (Form 1040EZ, line 7)		<b>9464</b>	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM T18</b>	Refer to item 8a. What is the amount of adjusted gross income reported?	<b>9466</b>	1 <input type="checkbox"/> \$21,250 or more — SKIP to Check Item T19 2 <input type="checkbox"/> Less than \$21,250

# Section 5 — TOPICAL MODULES (Continued)

## Part B — TAXES (Continued)

**9a. Did ... claim an earned income credit on ...'s Federal income tax return?**

**9472**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

} *SKIP to Check Item T19*

**b. What was the amount of earned income credit claimed?**

(Form 1040, line 56)  
(Form 1040A, line 28c)

**9474**

\$  .  00

- x1 ☐ DK  
x2 ☐ Ref.

**CHECK  
ITEM T19**

*Refer to cc item 15.*  
Tenure of reference person.  
Are ...'s living quarters —

**9486**

- 1 ☐ Owned or being bought?  
2 ☐ Rented for cash?  
3 ☐ Occupied without cash payment?

} *SKIP to Statement E, page 62*

**CHECK  
ITEM T20**

Interview status of ...'s spouse

**9488**

- 1 ☐ No spouse in household  
2 ☐ Interview for spouse not yet conducted  
3 ☐ Interview for spouse already conducted —  
*SKIP to Statement E, page 62*

**10a. Did ... pay any property taxes on ...'s residence(s) in 1991?**

**9490**

- 1 ☐ Yes  
2 ☐ No — *SKIP to Statement E, page 62*

**b. Did ... pay these jointly with someone else living here?**

**9492**

- 1 ☐ Yes  
2 ☐ No — *SKIP to 10d*

**c. Who made these joint payments with ...?**

Person No. Name

**9494**

Person No. Name

**9496**

**d. What was the property tax bill for ...'s residence(s) in 1991?**

*Obtain estimate, if necessary.*  
(Schedule A, line 6)

**9498**

\$  .  00

- x1 ☐ DK  
x2 ☐ Ref.

NOTES



## Section 5 — TOPICAL MODULES (Continued)

### Part C — SCHOOL ENROLLMENT AND FINANCING

**Statement E** →

The next few questions are about school enrollment and financing.

<b>1. Was . . . enrolled in school anytime during the past 12 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical or business school.)</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9610</div> <div style="display: inline-block; vertical-align: top;"> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No — <i>SKIP to Check Item C1, page 64</i> </div>
<b>2. At what level or grade was . . . enrolled?</b> <i>(If enrolled at more than one level in the past 12 months, check level in which the greatest amount of time was spent.)</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9612</div> <div style="display: inline-block; vertical-align: top;"> 1 <input type="checkbox"/> Elementary grades 1—8  2 <input type="checkbox"/> High school grades 9—12  3 <input type="checkbox"/> College year 1  4 <input type="checkbox"/> College year 2  5 <input type="checkbox"/> College year 3  6 <input type="checkbox"/> College year 4  7 <input type="checkbox"/> College year 5  8 <input type="checkbox"/> College year 6+  9 <input type="checkbox"/> Vocational school  10 <input type="checkbox"/> Technical school  11 <input type="checkbox"/> Business school  12 <input type="checkbox"/> Other or DK </div>
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;">CHECK ITEM T21</div> <b>Was . . . enrolled in elementary or high school?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9614</div> <div style="display: inline-block; vertical-align: top;"> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No — <i>SKIP to 4</i> </div>
<b>3. Was . . . enrolled in a public school?</b> <i>(Mark "Yes" if the school at which . . . spent the greatest amount of time was public.)</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9616</div> <div style="display: inline-block; vertical-align: top;"> 1 <input type="checkbox"/> Yes — <i>SKIP to Check Item C1, page 64</i>  2 <input type="checkbox"/> No </div>
<b>4. During the past 12 months —</b>  <b>a. What was the total cost of . . . 's tuition and fees?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9618</div> <div style="display: inline-block; vertical-align: top;"> <div style="border: 1px solid black; width: 80px; height: 20px; display: flex; align-items: center;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center;">00</div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None  x1 <input type="checkbox"/> DK </div>
<b>b. What was the total cost of . . . 's books and supplies?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9620</div> <div style="display: inline-block; vertical-align: top;"> <div style="border: 1px solid black; width: 80px; height: 20px; display: flex; align-items: center;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center;">00</div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None  x1 <input type="checkbox"/> DK </div>
<b>c. Did . . . live away from home while attending school?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9622</div> <div style="display: inline-block; vertical-align: top;"> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No — <i>SKIP to 5a</i> </div>
<b>d. What was the total cost for room and board while away at school?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9624</div> <div style="display: inline-block; vertical-align: top;"> <div style="border: 1px solid black; width: 80px; height: 20px; display: flex; align-items: center;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center;">00</div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None  x1 <input type="checkbox"/> DK </div>

NOTES

# Section 5 — TOPICAL MODULES (Continued)

## Part C — SCHOOL ENROLLMENT AND FINANCING (Continued)

<b>5a.</b> Please look at card DD in your pamphlet and tell me if . . . received any of these types of educational assistance during the past 12 months?  Anything else?	<b>9626</b> x3 <input type="checkbox"/> None — SKIP to Check Item C1	<b>5b.</b> How much did . . . receive?
(1) The GI Bill? . . . . .	<b>9628</b> 1 <input type="checkbox"/> Received	<b>9630</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK
(2) Other Veterans' Educational Assistance Programs? (Include survivors and dependents, vocational rehabilitation and post-Vietnam veterans' assistance.)	<b>9632</b> 1 <input type="checkbox"/> Received	<b>9634</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK
(3) College Work Study Program? . . . . .	<b>9636</b> 1 <input type="checkbox"/> Received	<b>9638</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK
(4) A Pell Grant? . . . . .	<b>9640</b> 1 <input type="checkbox"/> Received	<b>9642</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK
(5) A Supplemental Educational Opportunity Grant (SEOG)? . . . . .	<b>9644</b> 1 <input type="checkbox"/> Received	<b>9646</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK
(6) A National Direct Student Loan (NDSL) (or Perkins Loan)? . . . . .	<b>9648</b> 1 <input type="checkbox"/> Received	<b>9650</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK
(7) A guaranteed student loan, such as a Parent Loan for Undergraduate Students (PLUS), Stafford Loan, or Supplemental Loan for Students (SLS)?	<b>9652</b> 1 <input type="checkbox"/> Received	<b>9654</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK
(8) A JTPA Training Program? . . . . .	<b>9656</b> 1 <input type="checkbox"/> Received	<b>9658</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK
(9) Employer assistance . . . . .	<b>9660</b> 1 <input type="checkbox"/> Received	<b>9662</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK
(10) A fellowship or scholarship? . . . . .	<b>9664</b> 1 <input type="checkbox"/> Received	<b>9666</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK
(11) A tuition reduction? . . . . .	<b>9668</b> 1 <input type="checkbox"/> Received	<b>9670</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK
(12) Anything else (other than assistance from relatives and friends)? . . . . .	<b>9672</b> 1 <input type="checkbox"/> Received	<b>9674</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK

NOTES